

Form **990EZ**  
Department of the Treasury  
Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150  
**2019**  
**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
AFSCME LOCAL 505  
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite  
605 W MADISON ST TOWER 3  
City or town, state or province, country, and ZIP or foreign postal code  
CHICAGO, IL 60661

**D** Employer identification number  
36-6109016  
**E** Telephone number  
(312) 902-3570  
**F** Group Exemption Number  
1381

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: N/A  
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)( 5) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other UNION

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 58,478

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Table with 9 rows (1-9) and 2 columns (Description, Amount). Revenue section. Total revenue: 58,478.

Table with 10 rows (10-21) and 2 columns (Description, Amount). Expenses and Net Assets section. Total expenses: 60,300. Net assets at end of year: 19,869.



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of CHERONE GLADNEY-MORRIS Telephone no. (312) 902-3570  
Located at 605 W MADISON STREET CHICAGO, IL ZIP + 4 60661

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here   
and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) Organizations Only**  
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000. . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2021-01-27 Date
CHERONE GLADNEY-MORRIS President Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name John F Coffey	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00026059
	Firm's name ▶ Coffey & Associates PC	Firm's EIN ▶ 36-3786295			
	Firm's address ▶ 1991 W Downer Place Suite B Aurora, IL 60506	Phone no. (630) 897-6660			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

# Additional Data

**Software ID:** 19009920  
**Software Version:** 2019v5.0  
**EIN:** 36-6109016  
**Name:** AFSCME LOCAL 505

## Form 990EZ, Part III - Statement of Program Service Accomplishments

<b>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</b>	<b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>	
<p><b>28</b> THE PURPOSE OF THE ORGANIZATION IS THE PROMOTION OF THE WELFARE OF WORKERS ELIGIBLE FOR MEMBERSHIP IN THE UNION, THE NEGOTIATION OF COLLECTIVE BARGAINING AGREEMENTS, AND THE SETTLEMENT OF MEMBER GRIEVANCES.</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Internal Revenue Service  
Name of the organization  
AFSCME LOCAL 505**Employer identification number**

36-6109016

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$15

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.1005	Travel \$961

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.1007	Conferences, Conventions, and Meetings \$2917

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	TELEPHONE \$2428

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses.2	BANK CHARGES \$687

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets.1011	Prepaid Expenses and Deferred Charges - Beginning \$0 Prepaid Expenses and Deferred Charges - Ending \$1625

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets.1	SECURITY DEPOSITS - Beginning \$980 SECURITY DEPOSITS - Ending \$980